

AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66655-026 (P-NI 4577)	
SERIAL NO.: 09/768,020	FILING DATE: January 23, 2001	EXAMINER: P. Paras Jr	GROUP ART UNIT: 1632	
INVENTION: METHOD FOR FUNCTIONAL MAPPING OF AN ALZHEIMER'S DISEASE GENE NETWORK AND FOR IDENTIFYING THERAPEUTIC AGENTS FOR THE TREATMENT OF ALZHEIMER'S DISEASE			CONFIRMATION NO.: 9299	

COPY

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
EXPRESS MAIL MAILING LABEL NUMBER: EO 903 257 685 US
DATE OF DEPOSIT: APRIL 6, 2004
I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.
PRINTED NAME OF PERSON MAILING PAPER OR FEE: LEAND BANTADOS
SIGNATURE OF PERSON MAILING PAPER OR FEE: *[Signature]*

Transmitted herewith is Response to the Office Action mailed October 6, 2003, in the above-identified application.

- ☐ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Three-Month Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	8	37	x	\$ 9.00	\$ 18.00	\$	\$
INDEPENDENT CLAIMS	1	6	x	\$ 43.00	\$ 86.00	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				\$ 145.00	\$ 290.00	\$	\$
TOTAL ADDITIONAL FEE						\$	\$

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

- ☒ Please charge my Deposit Account No. 502624 the amount of \$950.00 which covers the fee for a three-month extension of time. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Dated: April 6, 2004

Respectfully submitted,

[Signature]
Astrid R. Spain, Registration No. 47,956
McDERMOTT, WILL & EMERY
4370 La Jolla Village Drive, Suite 700
San Diego, California 92122
Telephone: 858-535-9001



94-08-04

1632 \$

PATENT
Client-Matter No.: 66655-026
(P-NI 4577)


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
Greenspan and Edelman

Serial No.: 09/768,020

Filed: January 23, 2001

For: METHOD FOR FUNCTIONAL
MAPPING OF AN ALZHEIMER'S
DISEASE GENE NETWORK AND
FOR IDENTIFYING THERAPEUTIC
AGENTS FOR THE TREATMENT OF
ALZHEIMER'S DISEASE

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) Group Art Unit: 1632
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) Examiner: P. Paras Jr.
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) SIGNATURE OF PERSON MAILING PAPER OR FEE: 

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Sir,

Responsive to the Office Action mailed October 6, 2003, entry of the following
Amendments and Remarks is respectfully requested.

A **Claim Listing** begins on page 2 of this paper.

Remarks begin on page 4 of this paper.